

COMMONWEALTH OF KENTUCKY
Department of Insurance

REGISTRATION AS A PRODUCT LIABILITY RISK RETENTION GROUP

Name: _____

Home Office Address: _____

Mailing Address: _____

Employer Identification Number: _____

NAIC Number: _____

State of Incorporation and
Date Licensed: _____

Describe the product or completed operations for which liability coverage is provided and give a brief description of your operations (attach additional pages if necessary):

Date of Last Examination: _____

Attach the latest annual statement.

(Name of Company)

by signing this registration, agrees to comply with all applicable provisions of Kentucky law, including, but not limited to, KRS Chapter 304.45.

Officer's Signature:

Officer's Name:

Officer's Title:

Date:

FORM 945